

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90296 045 ***150.00

DOCUMENT # P99000102488

1. Entity Name
THREE J.L., INC.

Principal Place of Business 9115 NW 105TH STREET MIAMI FL 33178	Mailing Address 9115 NW 105TH STREET MIAMI FL 33178
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2. Principal Place of Business 3640 SW 185th Avenue	3. Mailing Address 3640 SW 185th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miramar, FL	City & State Miramar, FL	4. FEI Number 65-0969395	Applied For <input type="checkbox"/> Not Applicable
Zip 33029	Country USA	Zip 33029	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**SILVERMAN, STEVEN P.A.
 9400 SOUTH DADELAND BLVD. SUITE 600
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME HARTWELL, JOHN	
STREET ADDRESS 9115 NW 105TH STREET	
CITY-ST-ZIP MIAMI FL 33178	
TITLE VSTD	<input type="checkbox"/> Delete
NAME HARTWELL, LINDA	
STREET ADDRESS 9115 NW 105TH STREET	
CITY-ST-ZIP MIAMI FL 33178	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME John Hartwell	
STREET ADDRESS 3640 SW 185th Avenue	
CITY-ST-ZIP Miramar, FL 33029	
TITLE VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Linda Hartwell	
STREET ADDRESS 3640 SW 185th Avenue	
CITY-ST-ZIP Miramar, FL 33029	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other links empowered.

SIGNATURE: *Linda Hartwell Treas* **42600** **305-885-1429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #